

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 07/27/2023 Document Number: 403479237

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 70385 Contact Person: Deborah Abrams Company Name: SMITH ENERGY CORP Phone: (303) 8942100 Address: 12706 SHILOH RD Email: deborah.abrams@state.co.us City: GREELEY State: CO Zip: 80631 Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 322177 Location Type: Production Facilities Name: RUNNING CREEK-STATE-66S64W Number: 16NENE County: ELBERT Qtr: NENE Section: 16 Township: 6S Range: 64W Meridian: 6 Latitude: 39.533806 Longitude: -104.553038

Description of Corrosion Protection Description of Integrity Management Program Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322182 Location Type: Well Site Name: RUNNING CREEK-STATE-66S64W Number: 16SENE County: ELBERT No Location ID

Qtr Qtr: SENE Section: 16 Township: 6S Range: 64W Meridian:

Latitude: 39.530416 Longitude: -104.553078

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 11/09/1984

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475578 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322198 Location Type: _____ Well Site

Name: RUNNING CREEK STATE-66S64W Number: 16SWNE

County: ELBERT No Location ID

Qtr Qtr: SWNE Section: 16 Township: 6S Range: 64W Meridian: 6

Latitude: 39.529626 Longitude: -104.557488

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 07/24/1986

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475577 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322177 Location Type: _____ Well Site

Name: RUNNING CREEK-STATE-66S64W Number: 16NENE

County: ELBERT No Location ID

Qtr Qtr: NENE Section: 16 Township: 6S Range: 64W Meridian: 6

Latitude: 39.533806 Longitude: -104.553038

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 10/17/1986

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/27/2023 Email: deborah.abrams@state.co.us

Print Name: Deborah Abrams Title: OWP

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____

Conditions of Approval

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

403479257	OFF-LOCATION FLOWLINE GIS KML
-----------	-------------------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)